

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="text-align: center;">0825</div>	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1		1								
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5		1		1							
6		1		2							
7		2		2							
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TOTAL IND.							TOTAL IND.				
TOTAL DEP.							TOTAL DEP.		113		
TOTAL CLAIMS							TOTAL CLAIMS		124		